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Bib Data Sheet

CONFIRMATION NO. 9554

SERIAL NUMBER 09/712,812	FILING OR 371(c) DATE 11/13/2000 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. PD05924AMP01
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/470,890 12/22/1999
 and is a CIP of 09/571,068 05/15/2000 PAT 6,389,068

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 03/15/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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22917

TITLE

NETWORK QUALITY OF SERVICE LOCALIZER

FILING FEE RECEIVED 1302	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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